

**2010-2011**

**Ralph R Smith PTA**

**Income Record**

Your Name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Event \_\_\_\_\_

Budget Category \_\_\_\_\_

Brief description of deposit \_\_\_\_\_

\_\_\_\_\_

Deposit verification form completed and attached \_\_\_\_\_

Deposit Slip and all Receipts attached    YES    NO    (circle one)

If NO please explain \_\_\_\_\_

Total Deposited \$ \_\_\_\_\_    Deposit Date \_\_\_\_\_

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For Treasurer's Use Only

Category \_\_\_\_\_    Dated \_\_\_\_\_    Amount \_\_\_\_\_    Logged \_\_\_\_\_

